

Governors State University  
Department of Communication Disorders

Practicum Project Proposal Review

Student: \_\_\_\_\_

Term: \_\_\_\_\_

**Proposal Submission Date:** \_\_\_\_\_

**Proposal Title:**

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**Review Decision**

**Revisions needed** (Comments attached. Resubmission required. Student may not collect data).

\_\_\_\_\_  
GSU Supervisor

\_\_\_\_\_  
Date

**Proposal approved** (Student may collect data).

\_\_\_\_\_  
GSU Supervisor

\_\_\_\_\_  
Date

**Final document approved** (Student has collected and analyzed data and submitted results and discussion. Signature required by the GSU supervisor who oversaw the project).

\_\_\_\_\_  
GSU Supervisor

\_\_\_\_\_  
Date

**Supervisor Comments:**

Original to: Student